



REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
4764

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09 / 502,120
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

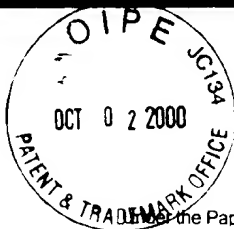
☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restrictive claims by my former attorney of record.

My intent to include claims of the proper scope to provoke an interference in the original patent application was not carried out through the course of prosecution.

[Page 1 of 2]



(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)

4764

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) Registration Number

Laura A. Majerus 33,417

Trinidad Arriola Kern 44,012

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

OR

Type Customer Number here

Place Customer Number Bar
Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	Fenwick & West LLP				
Address	Two Palo Alto Square				
Address					
City	Palo Alto	State	CA	ZIP	94306
Country	U.S.A.				
Telephone	(650) 494-0600	Fax	(650) 494-1417		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Dan Meisburger

Inventor's signature

Residence 1507 Montalban Drive
San Jose, CA 95120-4830

Date

Post Office Address

Citizenship

Full name of second joint inventor (given name, family name)

Alan D. Brodie

Inventor's signature

Date

Residence 998 Van Auken Circle
Palo Alto, CA 94303

Citizenship

Post Office Address

Full name of third joint inventor (given name, family name)

Zhong-Wei Chen

Inventor's signature

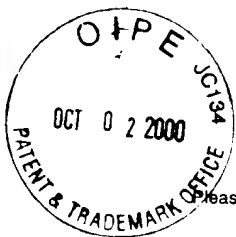
Date

Residence 1561 Blaney Avenue
San Jose, CA 95129

Citizenship

Post Office Address

☒ Additional joint inventors are named on separately numbered sheets attached hereto.



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature						Date	
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Paul				Sandland			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Richard				Simmons			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>5</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Hans				Dohse			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
John				Greene				
Inventor's Signature					Date			
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Lee				Veneklasen				
Inventor's Signature					Date			
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Ming-Yie				Ling				
Inventor's Signature					Date			
Residence: City		Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		19584 Via Monte Drive						
Post Office Address								
City		Saratoga	State	CA	ZIP	95070	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

+

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature						Date	
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Ragnart Court						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Tom				Cass			
Inventor's Signature						Date	
Residence: City	Portola Valley	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	961 La Mesa						
Post Office Address							
City	Portola Valley	State	CA	ZIP	94028	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Doug				Hendricks			
Inventor's Signature						Date	
Residence: City	San Jose	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	2713 Glen Amador Court						
Post Office Address							
City	San Jose	State	CA	ZIP	95148	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

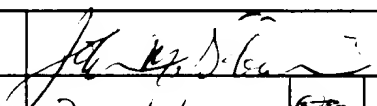
Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 5 of 5

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
John				Gibilisco			
Inventor's Signature						Date	8/31/01
Residence: City	Boulder	State	CO	Country	USA	Citizenship	Yes
Post Office Address	5484 WHITE PLACE						
Post Office Address							
City	BOULDER	State	CO	ZIP	80303	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+



**ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF
OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO
37 CFR 1.47(a)**

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Cas Docket No. 4764US



REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
4764

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09 / 502,120
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restrictive claims by my former attorney of record.

My intent to include claims of the proper scope to provoke an interference in the original patent application was not carried out through the course of prosecution.

[Page 1 of 2]



(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)

4764

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) Registration Number

Laura A. Majerus 33,417

Trinidad Arriola Kern 44,012

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

OR

Type Customer Number here

Place Customer Number Bar
Code Label here

☒ Firm or
Individual Name

Fenwick & West LLP

Address

Two Palo Alto Square

Address

City

Palo Alto

State

CA

ZIP

94306

Country

U.S.A.

Telephone

(650) 494-0600

Fax

(650) 494-1417

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Dan Meisburger

Inventor's signature

Residence 1507 Montalban Drive
San Jose, CA 95120-4830

Date

Post Office Address

Citizenship

Full name of second joint inventor (given name, family name)

Alan D. Brodie

Inventor's signature

Date

Residence 998 Van Auken Circle
Palo Alto, CA 94303

Citizenship

Post Office Address

Full name of third joint inventor (given name, family name)

Zhong-Wei Chen

Inventor's signature

Date

Residence 1561 Blaney Avenue
San Jose, CA 95129

Citizenship

Post Office Address

☒ Additional joint inventors are named on separately numbered sheets attached hereto.



Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>5</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature					Date		
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address		11020 Magdalena Road					
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Paul				Sandland			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Richard				Simmons			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Hans				Dohse			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
John				Greene			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature						Date	
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	19584 Via Monte Drive						
Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>5</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature						Date	
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Ragnart Court						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Tom				Cass			
Inventor's Signature						Date	
Residence: City	Portola Valley	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	961 La Mesa						
Post Office Address							
City	Portola Valley	State	CA	ZIP	94028	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Doug				Hendricks			
Inventor's Signature	<i>Douglas R. Hendricks</i>					Date	9/3/00
Residence: City	San Jose	State	CA	Country	U.S.A.	Citizenship	USA
Post Office Address	2713 Glen Amador Court						
Post Office Address							
City	San Jose	State	CA	ZIP	95148	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

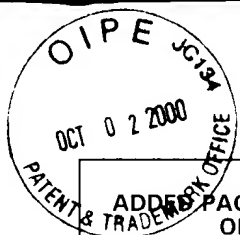
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 5 of 5

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
John				Gibilisco			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



**ADD PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF
OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO
37 CFR 1.47(a)**

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Case Docket No. 4764US



REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
4764

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With

Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09 / 502,120
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

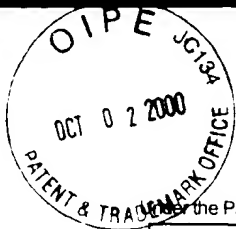
☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restrictive claims by my former attorney of record.

My intent to include claims of the proper scope to provoke an interference in the original patent application was not carried out through the course of prosecution.

[Page 1 of 2]



(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)

4764

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s)

Registration Number

Laura A. Majerus

33,417

Trinidad Arriola Kern

44,012

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

OR

Type Customer Number here

Place Customer Number Bar
Code Label here

☒ Firm or
Individual Name

Fenwick & West LLP

Address

Two Palo Alto Square

Address

City

Palo Alto

State

CA

ZIP

94306

Country

U.S.A.

Telephone

(650) 494-0600

Fax

(650) 494-1417

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Dan Meisburger

Inventor's signature

Residence **1507 Montalban Drive**

Date

San Jose, CA 95120-4830

Post Office Address

Citizenship

Full name of second joint inventor (given name, family name)

Alan D. Brodie

Inventor's signature

Date

Residence **998 Van Auken Circle**

Citizenship

Palo Alto, CA 94303

Post Office Address

Full name of third joint inventor (given name, family name)

Zhong-Wei Chen

Inventor's signature

Date

Residence **1561 Blaney Avenue**

Citizenship

San Jose, CA 95129

Post Office Address

☒ Additional joint inventors are named on separately numbered sheets attached hereto.



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature				Date			
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Paul				Sandland			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Richard				Simmons			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 2 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Hans				Dohse			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
John				Greene				
Inventor's Signature					Date			
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Lee				Veneklasen				
Inventor's Signature					Date			
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Ming-Yie				Ling				
Inventor's Signature					Date			
Residence: City		Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		19584 Via Monte Drive						
Post Office Address								
City		Saratoga	State	CA	ZIP	95070	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>5</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature						Date	
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Ragnart Court						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Tom				Cass			
Inventor's Signature	<i>Thomas R. Cass</i>					Date	9/19/00
Residence: City	Portola Valley	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	961 La Mesa						
Post Office Address							
City	Portola Valley	State	CA	ZIP	94028	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Doug				Hendricks			
Inventor's Signature						Date	
Residence: City	San Jose	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	2713 Glen Amador Court						
Post Office Address							
City	San Jose	State	CA	ZIP	95148	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

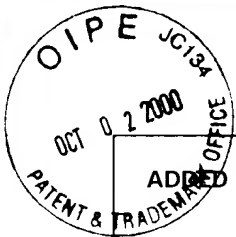
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 5 of 5

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
John				Gibilisco			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO 37 CFR 1.47(a)

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Case Docket No. 4764US



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/51 (12-97)
Approved for use through 9/30/00. OMB 0651-0033
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
4764

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09 / 502,120
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restrictive claims by my former attorney of record.

My intent to include claims of the proper scope to provoke an interference in the original patent application was not carried out through the course of prosecution.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) 4764							
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Name(s)</td> <td style="width: 60%; border-bottom: 1px solid black;">Registration Number</td> </tr> <tr> <td>Laura A. Majerus</td> <td>33,417</td> </tr> <tr> <td>Trinidad Arriola Kern</td> <td>44,012</td> </tr> </table>				Name(s)	Registration Number	Laura A. Majerus	33,417	Trinidad Arriola Kern	44,012
Name(s)	Registration Number								
Laura A. Majerus	33,417								
Trinidad Arriola Kern	44,012								
<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input type="checkbox"/> Customer Number OR Type Customer Number here </div> <div style="width: 35%; border: 1px solid black; padding: 5px; text-align: center;"> Place Customer Number Bar Code Label here </div> </div>									
<input checked="" type="checkbox"/> Firm or Individual Name	Fenwick & West LLP								
Address	Two Palo Alto Square								
Address									
City	Palo Alto	State	CA						
Country	U.S.A.								
Telephone	(650) 494-0600	Fax	(650) 494-1417						
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>									
Full name of sole or first inventor (given name, family name)									
Dan Meisburger									
Inventor's signature									
Residence 1507 Montalban Drive		Date							
San Jose, CA 95120-4830									
Post Office Address		Citizenship							
Full name of second joint inventor (given name, family name)									
Alan D. Brodie									
Inventor's signature		Date							
Residence 998 Van Auken Circle		Citizenship							
Palo Alto, CA 94303									
Post Office Address									
Full name of third joint inventor (given name, family name)									
Zhong-Wei Chen									
Inventor's signature		Date							
Residence 1561 Blaney Avenue		Citizenship							
San Jose, CA 95129									
Post Office Address									
<input checked="" type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.									



Please type a plus sign (+) inside this box → +

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

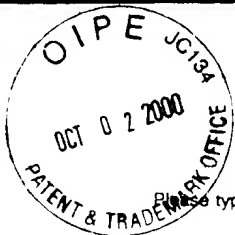


DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>5</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature					Date		
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address		11020 Magdalena Road					
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Paul				Sandland			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Richard				Simmons			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231





Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Hans				Dohse			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231





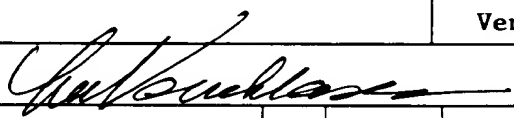
Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

+

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>5</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
John				Greene			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature						8/30/00 Date	
Residence: City		State	CA	Country	USA	USA Citizenship	
Post Office Address							
Post Office Address		3445 Badding Rd.					
City		State	CA	ZIP	94546	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature						Date	
Residence: City		State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		19584 Via Monte Drive					
Post Office Address							
City		State	CA	ZIP	95070	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

+



Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



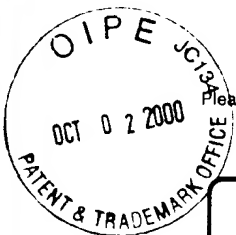
DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature				Date			
Residence: City		Cupertino	State	CA	Country	U.S.A.	Citizenship
Post Office Address		21763 Ragnart Court					
Post Office Address							
City		Cupertino	State	CA	ZIP	95014	Country
						U.S.A.	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Tom				Cass			
Inventor's Signature				Date			
Residence: City		Portola Valley	State	CA	Country	U.S.A.	Citizenship
Post Office Address		961 La Mesa					
Post Office Address							
City		Portola Valley	State	CA	ZIP	94028	Country
						U.S.A.	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Doug				Hendricks			
Inventor's Signature				Date			
Residence: City		San Jose	State	CA	Country	U.S.A.	Citizenship
Post Office Address		2713 Glen Amador Court					
Post Office Address							
City		San Jose	State	CA	ZIP	95148	Country
						U.S.A.	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231





Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



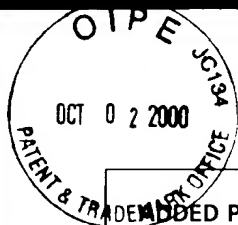
DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 5 of 5

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
John				Gibilisco			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





DEEMED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF
OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO
37 CFR 1.47(a)

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Case Docket No. 4764US



REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
4764

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09 / 502,120
and was amended on _____
(if applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restrictive claims by my former attorney of record.

My intent to include claims of the proper scope to provoke an interference in the original patent application was not carried out through the course of prosecution.

[Page 1 of 2]

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) 4764							
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.</p> <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; border-bottom: 1px solid black;">Name(s)</td><td style="width: 60%; border-bottom: 1px solid black;">Registration Number</td></tr><tr><td style="border-bottom: 1px solid black;">Laura A. Majerus</td><td style="border-bottom: 1px solid black;">33,417</td></tr><tr><td style="border-bottom: 1px solid black;">Trinidad Arriola Kern</td><td style="border-bottom: 1px solid black;">44,012</td></tr></table>				Name(s)	Registration Number	Laura A. Majerus	33,417	Trinidad Arriola Kern	44,012
Name(s)	Registration Number								
Laura A. Majerus	33,417								
Trinidad Arriola Kern	44,012								
<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 60%;"><input type="checkbox"/> Customer Number <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block; vertical-align: middle;"></div> OR Type Customer Number here</div><div style="width: 35%; border: 1px solid black; padding: 5px; text-align: center;"><i>Place Customer Number Bar Code Label here</i></div></div>									
<div style="display: flex;"><div style="width: 20%; border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> Firm or Individual Name</div><div style="width: 80%; border: 1px solid black; padding: 2px;">Fenwick & West LLP</div></div>									
<div style="display: flex;"><div style="width: 20%; border: 1px solid black; padding: 2px;">Address</div><div style="width: 80%; border: 1px solid black; padding: 2px;">Two Palo Alto Square</div></div>									
<div style="display: flex;"><div style="width: 20%; border: 1px solid black; padding: 2px;">Address</div><div style="width: 80%; border: 1px solid black; padding: 2px;"></div></div>									
<div style="display: flex;"><div style="width: 20%; border: 1px solid black; padding: 2px;">City</div><div style="width: 30%; border: 1px solid black; padding: 2px;">Palo Alto</div><div style="width: 10%; border: 1px solid black; padding: 2px;">State</div><div style="width: 10%; border: 1px solid black; padding: 2px;">CA</div><div style="width: 10%; border: 1px solid black; padding: 2px;">ZIP</div><div style="width: 10%; border: 1px solid black; padding: 2px;">94306</div></div>									
<div style="display: flex;"><div style="width: 20%; border: 1px solid black; padding: 2px;">Country</div><div style="width: 80%; border: 1px solid black; padding: 2px;">U.S.A.</div></div>									
<div style="display: flex;"><div style="width: 50%; border: 1px solid black; padding: 2px;">Telephone</div><div style="width: 20%; border: 1px solid black; padding: 2px;">(650) 494-0600</div><div style="width: 10%; border: 1px solid black; padding: 2px;">Fax</div><div style="width: 20%; border: 1px solid black; padding: 2px;">(650) 494-1417</div></div>									
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>									
<p>Full name of sole or first inventor (given name, family name)</p> Dan Meisburger									
<p>Inventor's signature</p>									
<div style="display: flex;"><div style="width: 50%; border: 1px solid black; padding: 2px;">Residence 1507 Montalban Drive San Jose, CA 95120-4830</div><div style="width: 50%; border: 1px solid black; padding: 2px;">Date</div></div>									
<div style="display: flex;"><div style="width: 50%; border: 1px solid black; padding: 2px;">Post Office Address</div><div style="width: 50%; border: 1px solid black; padding: 2px;">Citizenship</div></div>									
<p>Full name of second joint inventor (given name, family name)</p> Alan D. Brodie									
<div style="display: flex;"><div style="width: 50%; border: 1px solid black; padding: 2px;">Inventor's signature</div><div style="width: 50%; border: 1px solid black; padding: 2px;">Date</div></div>									
<div style="display: flex;"><div style="width: 50%; border: 1px solid black; padding: 2px;">Residence 998 Van Auken Circle Palo Alto, CA 94303</div><div style="width: 50%; border: 1px solid black; padding: 2px;">Citizenship</div></div>									
<div style="border: 1px solid black; padding: 2px;">Post Office Address</div>									
<p>Full name of third joint inventor (given name, family name)</p> Zhong-Wei Chen									
<div style="display: flex;"><div style="width: 50%; border: 1px solid black; padding: 2px;">Inventor's signature</div><div style="width: 50%; border: 1px solid black; padding: 2px;">Date</div></div>									
<div style="display: flex;"><div style="width: 50%; border: 1px solid black; padding: 2px;">Residence 1561 Blaney Avenue San Jose, CA 95129</div><div style="width: 50%; border: 1px solid black; padding: 2px;">Citizenship</div></div>									
<div style="border: 1px solid black; padding: 2px;">Post Office Address</div>									
<div style="display: flex;"><div style="width: 20%; border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/></div><div style="width: 80%; border: 1px solid black; padding: 2px;">Additional joint inventors are named on separately numbered sheets attached hereto.</div></div>									



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Jack Y.				Jau				
Inventor's Signature					Date			
Residence: City		Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address		11020 Magdalena Road						
Post Office Address								
City		Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Paul				Sandland				
Inventor's Signature					Date			
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Richard				Simmons				
Inventor's Signature					Date			
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>5</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature	David E. A. Smith					Date	9/6/00
Residence: City	San Mateo	State	CA	Country	USA	Citizenship	USA
Post Office Address	4022 Knigridge Drive						
Post Office Address							
City	San Mateo	State	CA	ZIP	94403	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Hans				Dohse			
Inventor's Signature	Hans Dohse					Date	9/6/00
Residence: City	Sunnyvale	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	1073 Sargent Dr						
Post Office Address							
City	Sunnyvale	State	CA	ZIP	94087	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature	Dennis G. Emge					Date	9/6/00
Residence: City	Naperville	State	IL	Country	USA	Citizenship	
Post Office Address	1853 Paddington Ave						
Post Office Address							
City	Naperville	State	IL	ZIP	60563	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

+


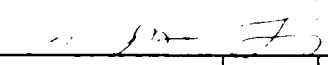
Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
John				Greene			
Inventor's Signature				Date		9/1	
Residence: City	SAN JOSE	State	CA	Country	USA	Citizenship	U.S.
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature				Date		9/1/00	
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	19584 Via Monte Drive						
Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+


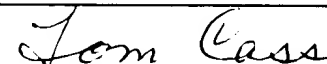
Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>5</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature					Date	8/31/2000	
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Regent Court Regent Regent						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Tom				Cass			
Inventor's Signature					Date	8/31/00	
Residence: City	Portola Valley	State	CA	Country	U.S.A.	Citizenship	USA
Post Office Address	961 La Mesa						
Post Office Address							
City	Portola Valley	State	CA	ZIP	94028	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Doug				Hendricks			
Inventor's Signature					Date		
Residence: City	San Jose	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	2713 Glen Amador Court						
Post Office Address							
City	San Jose	State	CA	ZIP	95148	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Please type a plus sign (+) inside this box → ☐

PTO: SB/02A (3-97)
Approved for use through 9/30/98. CMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

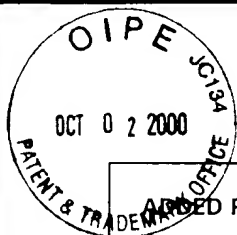
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 5 of 5

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
John				Gibilisco			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



APPROVED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF
OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO
37 CFR 1.47(a)

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Cas Docket No. 4764US



REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
4764

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09 / 502,120
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

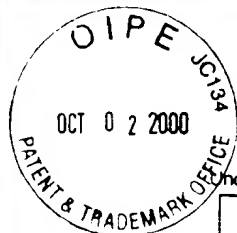
☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restrictive claims by my former attorney of record.

My intent to include claims of the proper scope to provoke an interference in the original patent application was not carried out through the course of prosecution.

[Page 1 of 2]



(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)	Docket Number (Optional) 4764
---	---

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s)	Registration Number
Laura A. Majerus	33,417
Trinidad Arriola Kern	44,012

Correspondence Address: Direct all communications about the application to:

☐ Customer Number
OR Type Customer Number here

*Place Customer Number Bar
Code Label here*

<input checked="" type="checkbox"/> Firm or Individual Name	Fenwick & West LLP				
Address	Two Palo Alto Square				
Address					
City	Palo Alto	State	CA	ZIP	94306
Country	U.S.A.				
Telephone	(650) 494-0600	Fax	(650) 494-1417		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name) Dan Meisburger	
Inventor's signature	
Residence 1507 Montalban Drive San Jose, CA 95120-4830	Date
Post Office Address	Citizenship
Full name of second joint inventor (given name, family name) Alan D. Brodie	
Inventor's signature	
Date	
Residence 998 Van Auken Circle Palo Alto, CA 94303	Citizenship
Post Office Address	
Full name of third joint inventor (given name, family name) Zhong-Wei Chen	
Inventor's signature	
Date	
Residence 1561 Blaney Avenue San Jose, CA 95129	Citizenship
Post Office Address	
<input checked="" type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.	



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>5</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature						Date	
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Paul				Sandland			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Richard				Simmons			
Inventor's Signature	Richard Simmons					Date	9-19-00
Residence: City	Los Altos	State	CA	Country	USA	Citizenship	US
Post Office Address	44 Alvarado Avenue						
Post Office Address							
City	Los Altos	State	CA	ZIP	94022	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

+



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Hans				Dohse			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231





Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
John				Greene			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature					Date		
Residence: City		State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address 19584 Via Monte Drive							
Post Office Address							
City		State	CA	ZIP	95070	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature				Date			
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Ragnart Court						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Tom				Cass			
Inventor's Signature				Date			
Residence: City	Portola Valley	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	961 La Mesa						
Post Office Address							
City	Portola Valley	State	CA	ZIP	94028	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Doug				Hendricks			
Inventor's Signature				Date			
Residence: City	San Jose	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	2713 Glen Amador Court						
Post Office Address							
City	San Jose	State	CA	ZIP	95148	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>5</u> of <u>5</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
John				Gibilisco			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

+



OMITTED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF
OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO
37 CFR 1.47(a)

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Case Docket No. 4764US



REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
4764

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09 / 502,120
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restrictive claims by my former attorney of record.

My intent to include claims of the proper scope to provoke an interference in the original patent application was not carried out through the course of prosecution.

[Page 1 of 2]

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) 4764							
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Name(s)</td> <td style="width: 60%; border-bottom: 1px solid black;">Registration Number</td> </tr> <tr> <td>Laura A. Majerus</td> <td>33,417</td> </tr> <tr> <td>Trinidad Arriola Kern</td> <td>44,012</td> </tr> </table>				Name(s)	Registration Number	Laura A. Majerus	33,417	Trinidad Arriola Kern	44,012
Name(s)	Registration Number								
Laura A. Majerus	33,417								
Trinidad Arriola Kern	44,012								
<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input type="checkbox"/> Customer Number OR Type Customer Number here </div> <div style="width: 35%; border: 1px solid black; padding: 5px; text-align: center;"> Place Customer Number Bar Code Label here </div> </div>									
<input checked="" type="checkbox"/> Firm or Individual Name	Fenwick & West LLP								
Address	Two Palo Alto Square								
Address									
City	Palo Alto	State	CA						
Country	U.S.A.								
Telephone	(650) 494-0600	Fax	(650) 494-1417						
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>									
Full name of sole or first inventor (given name, family name)									
Dan Meisburger									
Inventor's signature									
Residence 1507 Montalban Drive		Date							
San Jose, CA 95120-4830									
Post Office Address		Citizenship							
Full name of second joint inventor (given name, family name)									
Alan D. Brodie									
Inventor's signature		Date							
Residence 998 Van Auken Circle		Citizenship							
Palo Alto, CA 94303									
Post Office Address									
Full name of third joint inventor (given name, family name)									
Zhong-Wei Chen									
Inventor's signature		Date							
Residence 1561 Blaney Avenue		Citizenship							
San Jose, CA 95129									
Post Office Address									
<input checked="" type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.									



Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 5

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature						Date	9/5/2000
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	US
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Paul				Sandland			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Richard				Simmons			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Hans				Dohse			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>5</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
John				Greene			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature						Date	
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	19584 Via Monte Drive						
Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

+

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature						Date	
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Ragnart Court						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Tom				Cass			
Inventor's Signature						Date	
Residence: City	Portola Valley	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	961 La Mesa						
Post Office Address							
City	Portola Valley	State	CA	ZIP	94028	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Doug				Hendricks			
Inventor's Signature						Date	
Residence: City	San Jose	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	2713 Glen Amador Court						
Post Office Address							
City	San Jose	State	CA	ZIP	95148	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231



Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



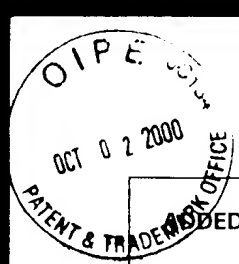
DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 5 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
John				Gibilisco			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





DEED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF
OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO
37 CFR 1.47(a)

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Case Docket No. 4764US



REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
4764

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09 / 502,120
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restrictive claims by my former attorney of record.

My intent to include claims of the proper scope to provoke an interference in the original patent application was not carried out through the course of prosecution.

[Page 1 of 2]



(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
4764

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s)	Registration Number
Laura A. Majerus	33,417
Trinidad Arriola Kern	44,012

Correspondence Address: Direct all communications about the application to:

☐ Customer Number
OR Type Customer Number here

Place Customer Number Bar
Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	Fenwick & West LLP				
Address	Two Palo Alto Square				
Address					
City	Palo Alto	State	CA	ZIP	94306
Country	U.S.A.				
Telephone	(650) 494-0600	Fax	(650) 494-1417		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Dan Meisburger

Inventor's signature

Residence **1507 Montalban Drive**
San Jose, CA 95120-4830

Date

Post Office Address

Citizenship

Full name of second joint inventor (given name, family name)

Alan D. Brodie

Inventor's signature

Date

Residence **998 Van Auken Circle**
Palo Alto, CA 94303

Citizenship

Post Office Address

Full name of third joint inventor (given name, family name)

Zhong-Wei Chen

Inventor's signature

Date

Residence **1561 Blaney Avenue**
San Jose, CA 95129

Citizenship

Post Office Address

☒ Additional joint inventors are named on separately numbered sheets attached hereto.



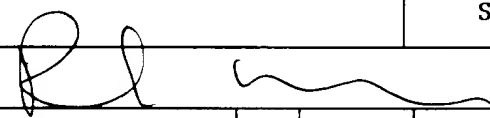
Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

+

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>5</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature						Date	
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Paul				Sandland			
Inventor's Signature						Date	9/15/00
Residence: City	SPRINGFIELD	State	OR	Country	USA	Citizenship	US
Post Office Address	85510 McCUMBER ROAD						
Post Office Address							
City		State		ZIP	97478	Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Richard				Simmons			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>5</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Hans				Dohse			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231





Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

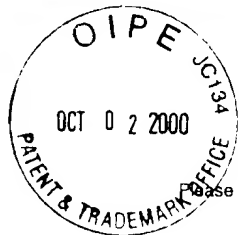
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
John				Greene				
Inventor's Signature					Date			
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Lee				Veneklasen				
Inventor's Signature					Date			
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Ming-Yie				Ling				
Inventor's Signature					Date			
Residence: City		Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		19584 Via Monte Drive						
Post Office Address								
City		Saratoga	State	CA	ZIP	95070	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature				Date			
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Ragnart Court						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Tom				Cass			
Inventor's Signature				Date			
Residence: City	Portola Valley	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	961 La Mesa						
Post Office Address							
City	Portola Valley	State	CA	ZIP	94028	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Doug				Hendricks			
Inventor's Signature				Date			
Residence: City	San Jose	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	2713 Glen Amador Court						
Post Office Address							
City	San Jose	State	CA	ZIP	95148	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 5 of 5

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
John				Gibilisco			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231





ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO 37 CFR 1.47(a)

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Case Docket No. 4764US



REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
4764

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09 / 502,120
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restrictive claims by my former attorney of record.

My intent to include claims of the proper scope to provoke an interference in the original patent application was not carried out through the course of prosecution.

[Page 1 of 2]

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
4764

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) Registration Number

Laura A. Majerus **33,417**

Trinidad Arriola Kern **44,012**

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

OR

Type Customer Number here

Place Customer Number Bar
Code Label here

☒ Firm or
Individual Name

Fenwick & West LLP

Address

Two Palo Alto Square

Address

City

Palo Alto

State

CA

ZIP

94306

Country

U.S.A.

Telephone

(650) 494-0600

Fax

(650) 494-1417

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Dan Meisburger

Inventor's signature

Residence **1507 Montalban Drive**
San Jose, CA 95120-4830

Date

Post Office Address

Citizenship

Full name of second joint inventor (given name, family name)

Alan D. Brodie

Inventor's signature

Date

Residence **998 Van Auken Circle**
Palo Alto, CA 94303

Citizenship

Post Office Address

Full name of third joint inventor (given name, family name)

Zhong-Wei Chen

Inventor's signature

Date

Residence **1561 Blaney Avenue**
San Jose, CA 95129

Citizenship

Post Office Address

☒ Additional joint inventors are named on separately numbered sheets attached hereto.



Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>5</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature						Date	
Residence: City		Los Altos Hills		State	CA	Country	U.S.A.
Post Office Address		11020 Magdalena Road					
Post Office Address							
City		Los Altos Hills		State	CA	ZIP	94024
				Country	U.S.A.		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Paul				Sandland			
Inventor's Signature						Date	
Residence: City				State		Country	
Post Office Address							
Post Office Address							
City				State		ZIP	
				Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Richard				Simmons			
Inventor's Signature						Date	
Residence: City				State		Country	
Post Office Address							
Post Office Address							
City				State		ZIP	
				Country			

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Hans				Dohse			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231





Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>5</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
John				Greene			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature						Date	
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	19584 Via Monte Drive						
Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

+

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 4 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature				Date			
Residence: City		Cupertino	State	CA	Country	U.S.A.	Citizenship
Post Office Address		21763 Ragnart Court					
Post Office Address							
City		Cupertino	State	CA	ZIP	95014	Country
						U.S.A.	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Tom				Cass			
Inventor's Signature				Date			
Residence: City		Portola Valley	State	CA	Country	U.S.A.	Citizenship
Post Office Address		961 La Mesa					
Post Office Address							
City		Portola Valley	State	CA	ZIP	94028	Country
						U.S.A.	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Doug				Hendricks			
Inventor's Signature				Date			
Residence: City		San Jose	State	CA	Country	U.S.A.	Citizenship
Post Office Address		2713 Glen Amador Court					
Post Office Address							
City		San Jose	State	CA	ZIP	95148	Country
						U.S.A.	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 5 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
John				Gibilisco			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+



**ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF
OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO
37 CFR 1.47(a)**

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Case Docket No. 4764US



REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
4764

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09 / 502,120
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restrictive claims by my former attorney of record.

My intent to include claims of the proper scope to provoke an interference in the original patent application was not carried out through the course of prosecution.

[Page 1 of 2]



(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
4764

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s)	Registration Number
Laura A. Majerus	33,417
Trinidad Arriola Kern	44,012

Correspondence Address: Direct all communications about the application to:

☐ Customer Number
OR
Type Customer Number here

Place Customer Number Bar
Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	Fenwick & West LLP				
Address	Two Palo Alto Square				
Address					
City	Palo Alto	State	CA	ZIP	94306
Country	U.S.A.				
Telephone	(650) 494-0600	Fax	(650) 494-1417		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)
Dan Meisburger

Inventor's signature	
Residence 1507 Montalban Drive San Jose, CA 95120-4830	Date
Post Office Address	Citizenship

Full name of second joint inventor (given name, family name)
Alan D. Brodie

Inventor's signature <i>Alan D. Brodie</i>	
Residence 998 Van Auken Circle Palo Alto, CA 94303	Date 8/7/00
Post Office Address	Citizenship <i>JS</i>

Full name of third joint inventor (given name, family name)
Zhong-Wei Chen

Inventor's signature	
Residence 1561 Blaney Avenue San Jose, CA 95129	Date
Post Office Address	Citizenship

☒ Additional joint inventors are named on separately numbered sheets attached hereto.



Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>5</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature						Date	
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Paul				Sandland			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Richard				Simmons			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Hans				Dohse			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
John				Greene			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Saratoga		CA		U.S.A.		U.S.A.	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Saratoga		CA		95070		U.S.A.	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>5</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature						Date	
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Ragnart Court						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Tom				Cass			
Inventor's Signature						Date	
Residence: City	Portola Valley	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	961 La Mesa						
Post Office Address							
City	Portola Valley	State	CA	ZIP	94028	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Doug				Hendricks			
Inventor's Signature						Date	
Residence: City	San Jose	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	2713 Glen Amador Court						
Post Office Address							
City	San Jose	State	CA	ZIP	95148	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

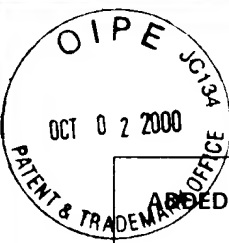
ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 5 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
John				Gibilisco			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO 37 CFR 1.47(a)

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Case Docket No. 4764US